

## MENTAL HEALTH CENTERS

### **A.W.A.R.E.**

205 E PARK  
ANACONDA MT 59711-  
**Phone:** 563-8117 **Fax**  
**Administrator:** LAWRENCE NOONAN  
License Number: **12296** Exp. Date: **9/21/2016**

Facility ID Number: **7**  
County: **DEER LODGE**  
**NOT PROV** **CARF**  
License Duration: **5 months**  
Original License Date: **04/09/99**

#### **ENDORSEMENTS**

Child and Adolescent Intensive **X** Child & Adolescent Day **X** Mental Health Group **X**  
Adult Intensive Case **X** Adult Foster Adult Day Outpatient Crisis Response  
Comprehensive School and Community Treatment Program Crisis Intervention &  
Secure Crisis Intervention &

### **COMMUNITY CRISIS CENTER**

704 NORTH 30TH  
BILLINGS MT 59101-  
**Phone:** 259-8800 **Fax** 259-4400  
**Administrator:** MARCEE NEARY  
License Number: **12865** Exp. Date: **12/12/2015**

Facility ID Number: **20**  
County: **YELLOWSTONE**  
**NOT PROV**  
License Duration: **3**  
Original License Date: **05/22/06**

#### **ENDORSEMENTS**

Child and Adolescent Intensive Child & Adolescent Day Mental Health Group  
Adult Intensive Case **X** Adult Foster Adult Day Outpatient Crisis Response **X**  
Comprehensive School and Community Treatment Program Crisis Intervention &  
Secure Crisis Intervention &

### **MONTANA COMMUNITY SERVICES**

993 SOUTH 24TH ST  
BILLINGS MT 59102-  
**Phone:** 656-5976 **Fax**  
**Administrator:** JUDITH HERZOG  
License Number: **12521** Exp. Date: **11/30/2015**

Facility ID Number: **19**  
County: **YELLOWSTONE**  
**NOT PROV**  
License Duration: **2**  
Original License Date: **12/03/03**

#### **ENDORSEMENTS**

Child and Adolescent Intensive Child & Adolescent Day Mental Health Group **X**  
Adult Intensive Case **X** Adult Foster Adult Day Outpatient Crisis Response  
Comprehensive School and Community Treatment Program Crisis Intervention &  
Secure Crisis Intervention &

**NEW DAY INC**

301 COBURN RD

BILLINGS MT 59101-

**Phone:** 254-2340**Fax****Administrator:** VERNON MUMMEYLicense Number: **12331**Exp. Date: **4/30/2017**

PO BOX 30282

Facility ID Number:

**12**County: **YELLOWSTONE****NOT PROV**License Duration: **5 months**Original License Date: **12/28/99****ENDORSEMENTS**

Child and Adolescent Intensive **X** Child & Adolescent Day **X** Mental Health Group  
Adult Intensive Case Adult Foster Adult Day Outpatient Crisis Response  
Comprehensive School and Community Treatment Program **X** Crisis Intervention &  
Secure Crisis Intervention &

**RIMROCK FOUNDATION - MHC**

1231 N 29TH ST

BILLINGS MT 59101-

**Phone:** 248-3175**Fax**

248-3821

**Administrator:** LENETTE KOSOVICHLicense Number: **13319**Exp. Date: **11/30/2017**

Facility ID Number:

**8**County: **YELLOWSTONE****NOT PROV CARF**License Duration: **2**Original License Date: **04/19/99****ENDORSEMENTS**

Child and Adolescent Intensive Child & Adolescent Day Mental Health Group **X**  
Adult Intensive Case Adult Foster Adult Day Outpatient Crisis Response  
Comprehensive School and Community Treatment Program Crisis Intervention & **X**  
Secure Crisis Intervention &

**SOUTH CENTRAL REGIONAL MENTAL HEALTH CTR**

1245 N 29TH ST

BILLINGS MT 59103-0219

**Phone:** 252-5658**Fax**

252-4641

**Administrator:** BARBARA METTLERLicense Number: **13048**Exp. Date: **12/26/2015**

Facility ID Number:

**1**County: **YELLOWSTONE****NOT PROV**License Duration: **2**Original License Date: **10/31/01****ENDORSEMENTS**

Child and Adolescent Intensive Child & Adolescent Day Mental Health Group  
Adult Intensive Case **X** Adult Foster Adult Day **X** Outpatient Crisis Response  
Comprehensive School and Community Treatment Program Crisis Intervention &  
Secure Crisis Intervention &

**YELLOWSTONE BOYS & GIRLS RANCH**

3212 1st AVE SOUTH

BILLINGS MT 59101-

**Phone:** 245-2751 **Fax** 256-7026**Administrator:** SHAWN BYRNELicense Number: **12265** Exp. Date: **8/31/2016**Facility ID Number: **3**County: **YELLOWSTONE****NOT PROV COA**License Duration: **6 months**Original License Date: **10/05/98****ENDORSEMENTS**

Child and Adolescent Intensive ☒ Child & Adolescent Day ☒ Mental Health Group  
Adult Intensive Case ☒ Adult Foster Adult Day Outpatient Crisis Response  
Comprehensive School and Community Treatment Program ☒ Crisis Intervention &  
Secure Crisis Intervention &

**YOUTH DYNAMICS INC**

2334 LEWIS AVENUE

BILLINGS MT 59102-

**Phone:** 245-6539 **Fax****Administrator:** PETER DEGELLicense Number: **12720** Exp. Date: **5/9/2017**Facility ID Number: **9**County: **YELLOWSTONE****NOT PROV**License Duration: **3**Original License Date: **06/02/99****ENDORSEMENTS**

Child and Adolescent Intensive ☒ Child & Adolescent Day ☒ Mental Health Group  
Adult Intensive Case Adult Foster Adult Day Outpatient Crisis Response  
Comprehensive School and Community Treatment Program Crisis Intervention &  
Secure Crisis Intervention &

**NORTHERN WINDS RECOVERY CENTER**

138 EAST BOUNDARY

BROWNING MT 59417-

**Phone:** 338-5558 **Fax****Administrator:** CRYSTAL EVANSLicense Number: **13495** Exp. Date: **4/30/2015**

PO BOX 2255

Facility ID Number: **7138**County: **GLACIER****PROVISIONAL**License Duration: **6 months**

Original License Date:

**ENDORSEMENTS**

Child and Adolescent Intensive ☒ Child & Adolescent Day ☒ Mental Health Group  
Adult Intensive Case ☒ Adult Foster Adult Day ☒ Outpatient Crisis Response  
Comprehensive School and Community Treatment Program Crisis Intervention &  
Secure Crisis Intervention &

**ALTA CARE OF MONTANA**

3738 HARRISON AVE

BUTTE MT 59701-

**Phone:** 497-7907 **Fax****Administrator:** DAVE BENNETTSLicense Number: **13178** Exp. Date: **8/27/2015**Facility ID Number: **13**County: **SILVER BOW****NOT PROV**License Duration: **2**Original License Date: **12/29/99****ENDORSEMENTS**

Child and Adolescent Intensive

Child &amp; Adolescent Day

Mental Health Group

Adult Intensive Case

Adult Foster

Adult Day

Outpatient Crisis Response

Comprehensive School and Community Treatment Program **X** Crisis Intervention &

Secure Crisis Intervention &amp;

**CENTER FOR MENTAL HEALTH**

915 1ST AVENUE

GREAT FALLS MT 59401-

**Phone:** 761-2100 **Fax**

PO BOX 3089

**Administrator:** SYDNEY BLAIRLicense Number: **13110** Exp. Date: **6/30/2015**Facility ID Number: **2**County: **CASCADE****NOT PROV**

License Duration:

Original License Date:

**ENDORSEMENTS**

Child and Adolescent Intensive

**X**

Child &amp; Adolescent Day

Mental Health Group

**X**

Adult Intensive Case

**X**

Adult Foster

**X**

Adult Day

**X**

Outpatient Crisis Response

Comprehensive School and Community Treatment Program **X** Crisis Intervention &

Secure Crisis Intervention &amp;

**INTERMOUNTAIN MENTAL HEALTH CENTER**

500 S LAMBORN

HELENA MT 59601-

**Phone:** 442-7920 **Fax****Administrator:** JUSTIN MURGELLicense Number: **11705** Exp. Date: **11/30/2015**Facility ID Number: **11**County: **LEWIS & CLARK****NOT PROV JCAHO**License Duration: **3**Original License Date: **09/29/99****ENDORSEMENTS**

Child and Adolescent Intensive

**X**

Child &amp; Adolescent Day

**X**

Mental Health Group

Adult Intensive Case

Adult Foster

Adult Day

Outpatient Crisis Response

Comprehensive School and Community Treatment Program **X** Crisis Intervention &

Secure Crisis Intervention &amp;

**KALISPELL REGIONAL BEHAVIORAL HEALTH**

200 HERITAGE WAY

KALISPELL MT 59901-

**Phone:** 756-3950 **Fax** 756-3957**Administrator:** LESLIE NYMANLicense Number: **12295** Exp. Date: **4/17/2015**Facility ID Number: **18**County: **FLATHEAD****NOT PROV**License Duration: **2**Original License Date: **09/17/02****ENDORSEMENTS**

Child and Adolescent Intensive

Child &amp; Adolescent Day

Mental Health Group

Adult Intensive Case

Adult Foster

Adult Day

Outpatient Crisis Response

Comprehensive School and Community Treatment Program **X** Crisis Intervention &

Secure Crisis Intervention &amp;

**EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER**

2508 WILSON STREET

MILES CITY MT 59301-

**Phone:** 234-0234 **Fax**

PO BOX 1530

**Administrator:** LINDA MEHLHOFFLicense Number: **12691** Exp. Date: **5/31/2016**Facility ID Number: **4**County: **CUSTER****NOT PROV**License Duration: **1**

Original License Date:

**ENDORSEMENTS**

Child and Adolescent Intensive

**X**

Child &amp; Adolescent Day

Mental Health Group

**X**

Adult Intensive Case

**X**

Adult Foster

**X**

Adult Day

**X**

Outpatient Crisis Response

Comprehensive School and Community Treatment Program **X** Crisis Intervention &

Secure Crisis Intervention &amp;

**3 RIVERS MENTAL HEALTH SOLUTIONS**

715 KENSINGTON SUITE

MISSOULA MT 59801-

**Phone:** 830-3294 **Fax****Administrator:** MICHAEL HENNELLYLicense Number: **12754** Exp. Date: **10/31/2016**Facility ID Number: **24**County: **MISSOULA****NOT PROV**License Duration: **1**Original License Date: **11/17/09****ENDORSEMENTS**

Child and Adolescent Intensive

Child &amp; Adolescent Day

Mental Health Group

Adult Intensive Case

**X**

Adult Foster

Adult Day

Outpatient Crisis Response

Comprehensive School and Community Treatment Program Crisis Intervention &amp;

Secure Crisis Intervention &amp;

**FULL CIRCLE COUNSELING SOLUTIONS**

1903 S RUSSELL ST SUITE  
MISSOULA MT 59808-

**Phone:** 532-1615 **Fax**

**Administrator:** PAUL COURTEAU

License Number: **12629** Exp. Date: **4/21/2016**

PO BOX 16540

Facility ID Number: **22**

County: **MISSOULA**  
**NOT PROV**

License Duration: **3**

Original License Date: **01/22/07**

**ENDORSEMENTS**

Child and Adolescent Intensive **X** Child & Adolescent Day Mental Health Group  
Adult Intensive Case Adult Foster Adult Day Outpatient Crisis Response  
Comprehensive School and Community Treatment Program **X** Crisis Intervention &  
Secure Crisis Intervention &

**HKJ INC DBA WINDS OF CHANGE**

2120 S RESERVE ST PB  
MISSOULA MT 59801-

**Phone:** 543-1929 **Fax** 327-0042

**Administrator:** STACEY WHEELER

License Number: **12957** Exp. Date: **3/31/2017**

2685 PALMER ST #C

Facility ID Number: **21**

County: **MISSOULA**  
**NOT PROV**

License Duration: **3**

Original License Date: **10/10/06**

**ENDORSEMENTS**

Child and Adolescent Intensive Child & Adolescent Day Mental Health Group **X**  
Adult Intensive Case **X** Adult Foster Adult Day Outpatient Crisis Response  
Comprehensive School and Community Treatment Program Crisis Intervention &  
Secure Crisis Intervention &

**MOUNTAIN HOME MONTANA INC**

2606 SOUTH AVENUE  
MISSOULA MT 59804-

**Phone:** 541-4663 **Fax**

**Administrator:** AFTON Mrs. RUSSELL

License Number: **13491** Exp. Date: **10/31/2016**

Facility ID Number: **7089**

County: **MISSOULA**  
**NOT PROV**

License Duration: **2**

Original License Date: **04/25/13**

**ENDORSEMENTS**

Child and Adolescent Intensive Child & Adolescent Day Mental Health Group **X**  
Adult Intensive Case **X** Adult Foster Adult Day Outpatient Crisis Response  
Comprehensive School and Community Treatment Program Crisis Intervention &  
Secure Crisis Intervention &

**PARTNERSHIP FOR CHILDREN MENTAL HEALTH CENTER**

550 N CALIFORNIA ST

MISSOULA MT 59807-

**Phone:** 721-2704**Fax**

PO BOX 8134

**Administrator:** GEOFFREY BIRNBAUMLicense Number: **13494**Exp. Date: **7/31/2015**

Facility ID Number:

**7118**County: **MISSOULA****NOT PROV**License Duration: **1**

Original License Date:

**ENDORSEMENTS**

Child and Adolescent Intensive

Child &amp; Adolescent Day

Mental Health Group

Adult Intensive Case

Adult Foster

Adult Day

Outpatient Crisis Response

Comprehensive School and Community Treatment Program

Crisis Intervention &amp;

Secure Crisis Intervention &amp;

**WESTERN MONTANA REGIONAL COM MENTAL HEALTH CENTER**

BUILDING T-9 FORT

MISSOULA MT 59804-

**Phone:** 532-8400**Fax** 543-4536**Administrator:** PAUL MEYERLicense Number: **12652**Exp. Date: **4/30/2016**

Facility ID Number:

**5**County: **MISSOULA****NOT PROV**License Duration: **3**

Original License Date:

**ENDORSEMENTS**

Child and Adolescent Intensive

**X**

Child &amp; Adolescent Day

**X**

Mental Health Group

**X**

Adult Intensive Case

**X**

Adult Foster

**X**

Adult Day

**X**

Outpatient Crisis Response

Comprehensive School and Community Treatment Program

**X**

Crisis Intervention &amp;

**X**

Secure Crisis Intervention &amp;

**YOUTH HOMES**

550 N CALIFORNIA ST

MISSOULA MT 59802-

**Phone:** 721-2704**Fax****Administrator:** GEOFFREY BIRNBAUMLicense Number: **12998**Exp. Date: **3/31/2017**

Facility ID Number:

**7045**County: **MISSOULA****NOT PROV**License Duration: **2**Original License Date: **03/26/12****ENDORSEMENTS**

Child and Adolescent Intensive

Child &amp; Adolescent Day

Mental Health Group

Adult Intensive Case

Adult Foster

Adult Day

Outpatient Crisis Response

Comprehensive School and Community Treatment Program

Crisis Intervention &amp;

Secure Crisis Intervention &amp;

**SUNBURST MENTAL HEALTH SERVICES**

109 1ST AVE

ST IGNATIUS MT 59865-

**Phone:** 745-3681**Fax**

PO BOX 703

**Administrator:** JULIE

FLECK

License Number: **12516**Exp. Date: **12/31/2015**

Facility ID Number:

**25**County: **LAKE****NOT PROV**License Duration: **3**Original License Date: **01/01/10****ENDORSEMENTS**

Child and Adolescent Intensive

**X**

Child &amp; Adolescent Day

Mental Health Group

Adult Intensive Case

**X**

Adult Foster

Adult Day

Outpatient Crisis Response

Comprehensive School and Community Treatment Program

Crisis Intervention &amp;

Secure Crisis Intervention &amp;

**BITTERROOT VALLEY EDUCATION COOPERATIVE**

300 PARK ST

STEVENSVILLE MT 59870-

**Phone:** 777-2494**Fax**

PO BOX 187

**Administrator:** CHRIS

HUGHES

License Number: **12520**Exp. Date: **1/26/2016**

Facility ID Number:

**6**County: **RAVALLI****NOT PROV**License Duration: **3**Original License Date: **01/08/99****ENDORSEMENTS**

Child and Adolescent Intensive

Child &amp; Adolescent Day

Mental Health Group

Adult Intensive Case

Adult Foster

Adult Day

Outpatient Crisis Response

Comprehensive School and Community Treatment Program

**X**

Crisis Intervention &amp;

Secure Crisis Intervention &amp;

**MONTANA STATE HOSPITAL TRANSITIONAL CARE**

WARM SPRINGS STATE

WARM MT 59756-

**Phone:** 693-7000**Fax**

PO BOX 300

**Administrator:** DAVID

SCHOENING

License Number: **12910**Exp. Date: **1/31/2016**

Facility ID Number:

**10**County: **DEER LODGE****NOT PROV**License Duration: **2**Original License Date: **08/03/99****ENDORSEMENTS**

Child and Adolescent Intensive

Child &amp; Adolescent Day

Mental Health Group

**X**

Adult Intensive Case

Adult Foster

Adult Day

Outpatient Crisis Response

Comprehensive School and Community Treatment Program

Crisis Intervention &amp;

Secure Crisis Intervention &amp;

**Total Facilities =****24**